



Division Guideline # 38

Date: Created February 6, 2014

Title: Health and Safety: Emergency, Evacuation and Safety Planning (EESP)

Application: Regional Offices and Targeted Case Management (TCM) Providers

Purpose: The purpose of this guideline is to provide information on best practices and strategies, as well as guidance to Support Coordinators to assist individuals, families, and providers for emergency, evacuation, and safety planning.

Introduction:

An emergency is an event which can place you in immediate risk to your health, life, property or environment. Emergency planning is having the necessary knowledge of what to do in the event of an emergency and having the necessary supplies to keep one safe and healthy. The cornerstone of the EESP is an assessment of the unique capabilities and needs of each individual as well as their location. It is from this assessment that a suitable plan with any necessary adaptations can be made to ensure individual safety. To this end, the Individual Service Plan (ISP) is the most appropriate framework for assessment and planning related to personal safety.

Documents Framing DD Requirements

The DD Division Directive #3.100, Quality Enhancement Review – Basic Health & Safety. This requires Quality Enhancement staff to conduct annual on-site reviews of systems related to health, safety and rights.

The DD Division Directive #1.050, Emergency Procedures - This document requires regional offices to have emergency plans and refers to the DMH All-Hazards Planning Guide. Each DD habilitation facility also has an emergency plan that is specifically tailored to the type of facility and the particular needs of the population in residence.

Resources for Planning

Disaster Preparedness for People with Disabilities www.ready.gov

Ready in 3 www.dhss.mo.gov

Preparing for Disaster for People with Disabilities and other Special Needs

http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240199_A4497.pdf

Core Elements of Emergency Planning

Risk Assessment and Planning

Policies and Procedures

Communication Plans

Training and Testing

Elements to consider in the Individual's emergency, evacuation and safety plan as applicable to the person's circumstances

1. Location (risks and advantages) and physical environment (exits)
2. What types of emergencies may one likely encounter www.hazardmaps.com
3. What is the plan for each type of emergency ...prepare for different hazards
4. Listening and understanding emergency information including watch vs warnings
5. Emergency contacts and how will one summon help if one needs to leave
6. Vital records, documents and information (meds, allergies, doctors, emergency contacts, medical insurance cards)
7. Medical equipment (will it require back-up power source)
8. Individual abilities and safety strategies when creating a plan
9. Preparing an emergency kit and supplies for sheltering in place
10. Does one know how and when to turn off utilities (water, gas, electricity)
11. Adaptive technology / special equipment
12. Group interactions and dynamics
13. Evacuation, knowing where one would go and the route one would take
14. Preparing an emergency Go-Kit
- 15.** Continuity of services, supports and care
16. Fire and other drills and practicing the plan
17. Maintaining smoke alarms and fire extinguishers
18. Reviewing the plan and restocking supplies
19. Communication (EMS, family, staff, DD, etc.)
20. Transportation (ramp access)
21. Sheltering (in place or out of home)
22. Resettlement

Considerations for the Assessment and Planning Process

For those people identified by a general risk assessment as needing assistance to develop and/or implement an emergency evacuation and safety plan would be developed. The assessment should

describe the supports needed (i.e., skill teaching, staffing assistance, environmental modifications) to assist the individual to be as independent and safe as possible.

As with any assessment conducted as part of the ISP process, the individual safety assessment should be guided by the following principles: It should focus on strengths and abilities rather than weaknesses. Therefore, it should focus on providing "safe roads to independence" rather than an exclusive focus on risk prevention. It should result in a determination of which supports are the least restrictive and most appropriate for the individual.

The individual safety assessment should be completed at the time of the Individual Service Plan development, with follow-up assessments as determined necessary by the Individual Service Plan team. The assessment and safety strategies associated with it should be reviewed by the team when the individual's health, mobility or other capabilities affecting safety and evacuation change. The ISP team may need to review a number of questions concerning the individual and may draw on knowledge of staff or family familiar with the individual and/or actual observations of behavior in emergency situations or drills. If an individual cannot recognize danger or respond appropriately, it is important for the ISP team to understand why this is so. The primary rationale for assessing the areas listed below is so that the team may more appropriately determine what types of supports an individual needs. The team may review additional domains such as health, mobility and cognitive level if the individual is not able to respond, seek shelter or evacuate independently. The final question that must be answered for the individual safety assessment relates to what supports need to be provided in order to assist an individual to safely evacuate a home or a work/day support. In all likelihood, there will be a variety of supports that will be used in combination. It is incumbent upon the ISP team to consider those supports that are the least intrusive measures available to support an individual. They should be respectful of an individual's dignity, privacy and need for as much independence as possible. A checklist follows to assist in assessment of an individual's skills and abilities to evacuate the home or work/day support in the event of an emergency.

<u>SKILLS AND ABILITIES</u>	Yes	No
Can the individual recognize danger or an alarm that signals danger?		
Can the individual respond appropriately to warnings of danger or an alarm that signals danger?		
Can the individual evacuate from a day/work with or without assistance? If the answer to this question is "yes," are any supports being provided?		
Can the individual recognize a fire or other emergency that would require evacuation		
Can the individual call 911 or staff for help?		

Can the individual leave their home or workplace through the appropriate main exit or through an alternative exit if the main exit is blocked?		
Can the individual respond when they are asleep as well as when they are awake?		
Can the individual respond independently, or do they need verbal and/or physical prompts or hands-on physical assistance?		
<u>HEALTH</u>		
Does the individual have a primary care physician or primary care health home (if the person would qualify) to address general health issues and /or preventative health care?		
If not, has this been discussed with the individual and a referral / appointment been made and is this documented?		
Do conditions exist that might impede an individual's response time, or which may be exacerbated under the stress of an emergency? This would include conditions such as heart disease, stroke, seizure disorder, Alzheimer's disease, mental illness, cerebral palsy, and respiratory illness such as asthma.		
Is the person ambulatory, non-ambulatory, or in need of assistance to walk? Please specify.		
Can the person transfer independently?		
Is the person hearing impaired or visually impaired?		
Can the person read emergency signs in print or Braille?		
Is the person taking any medications that might impede response time?		
<u>COGNITIVE LEVEL</u>		
Is the person able to understand and follow directions?		
Can the person communicate his or her needs?		
Can the person be educated to understand and respond to emergency situations?		
<u>SOCIAL AND BEHAVIOR NEEDS</u>		
Will the person cooperate when necessary?		

Does the person become anxious easily?		
Is the person afraid of unfamiliar people, such as a new or relief staff person?		
Are supports necessary to assist the individual to respond and evacuate safely from home or a work/day support?		
<u>SUPPORTS</u>		
Are supports are currently in place?		
Are they sufficient?		
Can adaptive devices (e.g., bed shakers, visual alarms, enhanced 911 systems, walkers, and wheelchairs) be provided to assist an individual in an emergency?		
Should environmental modifications (e.g., first floor bedroom, proximity to exit) be considered?		
Are staffing supports and/or what staff training required?		

When completed, the individual assessment should provide the individual, family, service coordinator and provider agency with a thorough analysis of the person's support needs. The emergency, evacuation and safety plan addresses key areas and is intended to be a reflection of the capacities of the individuals being supported. The plan should assure safety, but it should not restrict or overprotect people or interfere with their activities. Individuals should be integral contributors to their safe evacuation from their home or work/day location.

Revised Emergency, Evacuation and Safety Plans

If individuals do not evacuate in a manner appropriate for the specific situation and nature of the emergency, it is the Provider's responsibility to notify the appropriate individuals of the issue and how the evacuation need is being addressed. Depending on the circumstances, the need could be addressed in one of the following ways:

Verbal Plan for Resolution -This action would be appropriate for a situation that has just developed and the provider is determining whether this is an ongoing issue. For example, one individual who has typically exited independently does not exist in a timely manner during an asleep drill. The provider would inform the appropriate individuals of the difficulty and could state that another drill will be done within a specified period of time to see if this difficulty needs further intervention.

Addendum to Existing EESP – This action would be appropriate for a situation that is considered temporary in nature and requires a short term response. For example, in the illustration outlined above, the provider may determine after doing another drill that this situation requires a more involved intervention, such as a short term teaching program so the individual understands the importance of exiting during practice drills. The provider would inform the appropriate individuals of the ongoing difficulty and submit an addendum to the existing EESP outlining the training program to be implemented and the length of time expected for resolution.

Revised EESP - This action would be appropriate for a situation that requires a permanent revision to the safety plan. In the above example, the provider may find that the teaching program is not successful in ensuring that the individual again exits independently during asleep fire drills. In order to ensure safe evacuation at night, staff needs to physically prompt the individual to evacuate. Since this situation now requires a permanent change in the supports provided for safe evacuation.

This guideline will be reviewed and updated, if needed, within six months of issuance.